

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

☒ Termination - See Part 5

List I.D. number:

1268889

04/08/2005

Date of Termination

RECEIVED

Date Stamp

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CIT / CLT
CITY OF LODI

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Citizens Against Measure R, sponsored by and with Major Funding
provided by Wal-Mart Stores, Inc.

STREET ADDRESS (NO P.O. BOX)

455 Capitol Mall, Suite 801

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento, CA 95814

MAILING ADDRESS (IF DIFFERENT)

2414 W. Kettleman Lane #210-1130

Lodi, CA 95242

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Joaquin

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mr. Thomas W. Hiltachk

STREET ADDRESS

455 Capitol Mall, Suite 801

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento, CA 95814

(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Mr. Charles H. Bell Jr.

STREET ADDRESS

455 Capitol Mall, Suite 801

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento, CA 95814

(916) 442-7757

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/08/2005

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

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COMMITTEE NAME

Citizens Against Measure R, sponsored by and with Major Funding provided by Wal-Mart Stores, Inc.

I.D. NUMBER

1268889

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
R	City of Lodi	SUPPORT	OPPOSE X
		SUPPORT	OPPOSE